

Cough Illness / Bronchitis* -- Adults

Cough without evidence of pneumonia

ACUTE / < 3 WEEKS COUGH

Evaluation should focus on ruling out serious illness; normal vital signs and chest exam effectively rule out pneumonia. Cough illness/bronchitis is caused by viral pathogens in >90% of cases.

Antibiotics are not effective in treating cough illness/bronchitis in patients without chronic lung disease.

Antibiotic treatment *does not* prevent bacterial complications such as pneumonia.

The presence of sputum and its characteristics are not helpful in distinguishing bacterial from viral infections.

Management

Do not use antibiotics for cough less than 21 days in a well-appearing adult without clinical evidence of pneumonia.

Therapeutic measures include: avoid cigarette smoke, consider bronchodilators, drink plenty of liquids, steam (e.g., from shower or bath) to loosen secretions, acetaminophen or ibuprofen as needed for fever or pain, adequate rest, and guaifenesin/antitussive for symptom relief.

CHRONIC / > 3 WEEKS COUGH

Adults with prolonged cough or recurrent episodes can be evaluated for:

- Asthma or reactive airway disease
- Smoking or second-hand smoke exposure
- Post-nasal drip syndrome
- Gastroesophageal reflux disease (GERD)
- ACE-inhibitor drug cough
- Environmental exposures
- Chronic bronchitis
- Bronchiectasis
- Malignancy

Other infectious agents rarely causing prolonged cough include *B. pertussis*, *M. pneumoniae* or *C. pneumoniae*.

Management

Obtain CXR.

Treat COPD exacerbation (fever, leukocytosis and purulent sputum) with amoxicillin, TMP/SMX or doxycycline, and a short course (10–14 days) of oral corticosteroids.

Treat confirmed *B. pertussis* with a macrolide (erythromycin, azithromycin, or clarithromycin).

Treat confirmed *M. pneumoniae* or *C. pneumoniae* with a macrolide or doxycycline.

For other etiologies, direct therapy to the specific underlying cause.

These guidelines were produced in collaboration with the Infectious Diseases Society of Oregon.

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* The term *bronchitis* triggers an expectation for antibiotics and should be avoided or carefully explained. Other terms, such as “chest cold,” may be preferable.